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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Taking risks in sharing data: the use of poetry for dissemination of research

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Abstract
Background: Dissemination of findings in health sciences research can take many forms, but is usually through publication in peer-reviewed journals, and oral and poster presentations at conferences and events. One of the challenges for the researcher is how to get the message across with maximum impact, particularly when faced with a short time frame for presentation.
Aim: The aim of this paper is to reflect on the experience of presenting poetry as a medium for dissemination of research at an international conference. I will consider the reactions of the recipients to my poetry and critically reflect on the transformational journey that occurred as a result of taking a risk in my method of sharing data.
Conclusion: The poetry was viewed as a powerful medium through which to deliver the key messages of the research. It can convey meaning accessibly in a short time frame. Feedback from three conferences has been highly positive and will form the impetus for new work. The reaction from each conference audience has affirmed my view that taking a risk – while provoking anxiety – has been transformative in terms of my future dissemination of research and my practice as an educator.
Implications for practice:

- Alternative methods of disseminating research, such as poetry, can illuminate emergent meanings accessibly
- Taking risks can lead to transformational ways of practice

Keywords: Poetry, reflection, transformative practice

Introduction

I recently completed a doctoral thesis and am now in the process of disseminating my research. This is mainly done through publication in peer-reviewed journals and presentations at national and international conferences. I am comfortable with presenting in public; my previous role as a nurse specialist meant I frequently had to do presentations at conferences and my current role as an educator means I am often in front of a group of students in the classroom. However, as an academic I would suggest that I am 'conditioned' by the constraints imposed by traditional academic journals and scientific conferences. This for me has become a safe place. The aim of this paper is to reflect critically on the journey of moving from that safe place to the place where I currently sit. It is my feeling that my current position will not be where I remain but rather a temporary pitstop on a long, winding trajectory of reflecting on experiences of risk taking.

To aid my reflection I will use Driscoll's (2007) model, whose headings (What? So what? Now what?) will be familiar to many readers. The use of critical reflection as a tool for learning is supported by many (Schon, 1983; Kim, 1999; Johns, 2002; Mann et al., 2009; Taylor, 2009). It helps nurses to innovate in practice and can provide materials that support a forum for nurses to discuss, deconstruct and learn from clinical issues (Markham, 2002; Adamson and Dewar, 2015). Coward (2011) argues alternatively that models of reflection can restrict and stifle practice, especially if their underpinning philosophy is not made explicit. Further, it is argued that reflection as an assessment tool is overused, resulting in apathetic students who suffer reflection fatigue (Burton, 2000). However, Mann et al. (2009) suggest that reflection supports deep learning but is a developmental process and dependent on the learning environment and the facilitator. Despite the lack of evidence to support the assertion that reflection improves patient care or changes practice (Mann et al., 2009), it is difficult for me to conceive how I would deconstruct or manage complex problems without reflecting. Perhaps I have what Boenink et al. (2004) label a 'tendency to general reflection'. Reflection has served me well, particularly through my doctoral years when trying to unpick complex concepts or contexts, and has facilitated my analysis of the experience illustrated below.

What?

I submitted a poster abstract for a national conference, which was shortlisted for a five-minute oral presentation of my research. The challenge was how to deliver the key messages in such a short time. I opted for a narrative in rhyme, which would tell the story of how young 'expert patients' with a chronic illness and their healthcare team perceived partnership and negotiated care. The narrative would be delivered through the eyes of two young people with cystic fibrosis (CF) and a physician, as told through their encounters in the outpatient clinic. The poem was structured around some of the raw data from the transcripts. An excerpt is provided here.

Partnership

Participant 1

2 pairs of trousers to make me look hench
Hollister, Abercrombie, French Connection and Bench
I'm 19 – still working out who I am
Clinic feels like I'm taking an exam
I'm asked the same questions again and again,
It's boring, I'm fed up, when can I go home?
My dad insists on coming, maybe that's just as well
But at least I'm allowed now to answer mysel'
'They think they're invincible' I hear ma dad say
Like he was never 19 and a day!
I know, even though I've left home at my will
He's monitoring my Facebook, checking my pills
He's worried I'll mess up – the voice of authority
And he's right, CF's not always my priority
And I wish I could tell them that at the clinic
But don't want to disappoint and that's important, innit?
So sometimes I say what they want to hear
Then I won't go away with a flea in ma ear!

Participant 2

I'm 30, been managing CF all of my puff
So give me some credit, I know my stuff!
I know when I'm sick, what happens to my chest,
To my guts, to my sugars and all the rest
No I'm no' an expert, experienced I prefer

But when something new happens then I'll refer
To the experts,
But don't send in someone who hasn't a clue
Been there, done that, not doing it anew
You sit there at clinic taking advice,
Thinking Oh aye, heard it, like: I'll decide!
And when I want something like nebs or IVs
I know what to do to respect and appease
I don't make demands, just give the right cues
Give them their place, let them think they choose
It's all a big game, they hum and they waiver
But for me it's a form of emotional labour.
They say, 'You need to come in for a few days' but no
It's Friday, no way! Where did the CF team all go?
It's minimum staff they haven't a clue
I'll just wait till Monday, then they'll know what to do
They ask 'Are you taking your nebs every day?'
And when I say yes they look as if to say
You're having a laugh, but they don't challenge me
Just nod and say wow! So how can that be?
And I think why would I lie, what's in it for me?

Participant 3

Consultant with experience of many a year
Who now recognises the need for reverse gear
'In my early days the numbers were key
But now I acknowledge patient expertise'
Teenagers are challenging, eyes to the floor
Sometimes it's difficult to build a rapport
We think we're too soft, they know it too
But what would you do, if that patient was you?
We realise how shit is life with CF
But if we don't ask then we know we won't get.
So we pick our battles; play the long game
In the hope we'll win 'em over
Keep lighting the flame
Of adherence to treatment cos that's what we need
In the faint hope that one day they'll listen to our creed.
But listening and trust must happen 2 ways
I wish they could tell us the truth – not just say
What they think will make us let them go away.
The nurses are skilled in playing the game
Ducking and diving, smoothing and conniving
All done in advocating in the patients name
They think we don't know about their crafty ways
It's all part of the sophisticated power play
I believe they call it the Dr Nurse game
We all know its happening, rarely give it a name

The reaction was overwhelming. I won the prize for the best presentation and repeated this again (and won another prize) at the postgraduate conference in the university where I work. Both these prizes were judged by the audiences. I have just returned from presenting for a third time at the European

Cystic Fibrosis Conference to an audience of about 200 people. Although there was no prize this time the reaction was equally pleasing, with a queue of people lined up to talk to me afterwards, and many stopping me in the corridor subsequently. I have also received several emails, such as this:

> *'I remember being struck by your poem and wondered if I could have a copy please?*
> *I think it said all the relevant points so well, made us laugh, and think. Very very clever. Thank you for one of the best lectures of the conference. Inspiring.'*

So what?

Several questions arise as a result of reflecting on these experiences:

- Why was I so surprised at the outcome?
- What made me go there?
- What impact has this had on my practice?

These are discussed in turn below.

Why was I so surprised at the outcome?

I have never considered myself to be particularly creative. I remember that art at school was always challenging, and I did not play a musical instrument. I was sporty and perceived as reasonably academic; I am forever the pragmatist, the organiser, the doer – not the theorist, the scientist or the artist. Nevertheless, I was always able to articulate clearly, so I have been called on numerous times for a eulogy, a wedding speech or another public speaking duty. Thus I do recognise that perhaps I have a good way with words and I have come to recognise that creativity comes in all forms (Lindstrom, 2006) and does not need to be restricted to any narrow definition. I had begun experimenting with poetry as a means of communicating with my colleagues in group email correspondence and quickly realised that it was popular, got a response and seemed to get the message across. This gave me the confidence to try it out in another context.

Having tested this method of delivery at the first two conferences, I realised I was much more anxious about presenting it at the third one. This was a scientific conference, with more than 2,000 people present, including many eminent empirical scientists. On reflection, I realise that this anxiety was driven by fear of ridicule, that my work was not 'scientific' enough, not credible, not worthy of academic research. This anxiety was linked to my experience as a practitioner in a culture that was predominantly biomedically driven, where I perceived that qualitative research was viewed as inferior and frequently criticised. The debate around qualitative versus quantitative research in the literature has been described by Hannigan and Burnard (2001, p 90) as being governed by 'entrenched fixed perspectives' and by Carlsen (2008, title page) as 'needless and useless'. More prevalent now is the enlightened position that views knowledge as non-linear, integrated, holistic, and as comprising the objective, analytical, experimental and the personal, communal, experiential and transcendent (Marshall, 2005). Nevertheless, my earlier experiences have clearly left scars that provoked anxiety upon re-entering this arena. Marshall (2005) argues that emotions and feelings are not enemies of reason nor restraints to rational thinking – rather they are fundamental to learning. This resonates and helps support my feelings of being good enough.

What made me go there?

Reflecting on my doctoral and other research work, I realise that I have always been fascinated by personal narratives (Holloway and Freshwater, 2007). My thesis was just that: listening to peoples' stories of their perceptions and experiences of partnership. Looking back, I also now realise that all of my outputs – clinical and educational – have been based on human experience through personal narrative. However, I have also learned that collecting these stories requires flexibility in methods and an understanding of alternative worldviews.

An example of this can be illustrated through previous experience of research with children (MacDonald and Goulbourne, 2007). We quickly realised that our questioning techniques illuminated how the children's worldviews differed from ours:

> Researcher: *'What's your befriender like?'*
> Child: *'She's got brown hair.'*

In hindsight, the study would have been strengthened by exploring data-collection methods, such as drawing (McAndrew and Roberts, 2015) and considering children's narratives around this medium.

Other influences on this new way of knowing have been external. Attendance at a seminar by a writer in residence stimulated a discussion about why nurses don't share more of their narratives? She asserted that nurses have so many human stories but few are shared in writing. The consensus within the audience was that nurses' narratives become sanitised through academic-speak and academic writing, thereby losing their essence, with a resultant 'sanitisation' of data; a view shared by others (Irwin and Johnson, 2005; MacDonald and Greggans, 2008). Further, we are bound by issues of consent and confidentiality and by a code of conduct (Nursing and Midwifery Council, 2015), and it was suggested by audience members that this can also stifle our storytelling through fear of reprimand. Finally, it might be argued that nurses have to deal with so much human emotion that reflection risks further distress and unknown emotional consequences (Cotton, 2001).

A further influence was my recent involvement in the production of a drama piece about nursing in World War 1, and the realisation that despite the context, there was a very real relevance to current practice in relation to the emotional labour that nurses engage in to do their job, (Hoschild, 1983; Walsh, 2008). This was also a very powerful experience, as evidenced by the positive reactions from the audience, many of whom were nurses.

The final factor that has facilitated new ways of knowing is encouragement from a new nursing leader who has embedded creative methods such as art and craft into our ways of working and our working environment. This has given me confidence to branch out and try different teaching and research dissemination methods.

Art has long been identified as integral to nursing (Carper, 1978). The increasing numbers of art and music therapy programmes in university prospectuses over the past 25 years is a testament to the growing use of art as a therapeutic intervention in healthcare (Heenan, 2006). Creative arts as a medium for nurse education allows students to reflect, express emotions and better understand concepts, and can support transformational learning (Price, 2007). Dissemination of research in art forms, such as poetry, can enhance empathic understanding, which may support sensitivity in caring (Galvin and Todres, 2011). Poetry offers a more holistic understanding of interpretation of findings than 'mere summative descriptions' (Galvin and Todres, 2011, p 529) and can amplify meaning and make these meanings accessible (Holmes, 2002; Hilse et al., 2007). Being brave enough to take risks is discussed by Jelfs (2011) in her doctoral journey and is supported by Theory U framework (Senge et al., 2004), which involves stages of suspending, seeing through fresh eyes, letting go and co-initiating and embodying new knowledge. Like Jelfs, I feel the new knowledge I have acquired through these recent experiences has challenged my ways of knowing.

Now what?

What impact has this had on my practice?

I intend to use this new knowledge to inform my teaching and research practice. Through my experiential knowledge, my doctoral work and risk taking in research dissemination, I have come to realise that there is scope to spread the message through many different ways of communication and that no method is superior to another. I will continue to write poetry, and plans are afoot to develop a new drama piece in collaboration with my colleagues in the arts.

Conclusion

The increased diversity of students in higher education calls for increasing diversity in the way we communicate with them. Being open to new ways of working and taking risks has challenged and transformed my worldview and educational practice. I would encourage others to step out of their safe places behind PowerPoint slides and consider alternative creative methods of engaging with students and audiences. From my own experiences and feedback it would appear that these alternative methods serve as a powerful medium through which to deliver a message. The future looks exciting.

References

Adamson, E. and Dewar, B. (2015) Compassionate care: student nurses' learning through reflection and the use of story. *Nurse Education in Practice*. Vol. 15. No. 3. pp 155-161. doi: 10.1016/j.nepr.2014.08.002.

Boenink, A., Oderwald, A., de Jonge, P., van Tilburg, W. and Smal, J. (2004) Assessing student reflection in medical practice. The development of an observer-rated instrument: reliability, validity and initial experiences. *Medical Education*. Vol. 38. No. 4. pp 368-377. doi: 10.1046/j.1365-2923.2004.01787.x.

Burton, A. (2000) Reflection: nursing's practice and education panacea? *Journal of Advanced Nursing*. Vol. 31. No. 5. pp 1009-1017. doi: 10.1046/j.1365-2648.2000.01395.x.

Carlsen, L. (2008) Qualitative vs quantitative research traditions: a needless and useless debate that hampers advertising and marketing knowledge development. *International Journal of Advertising*. Vol. 27. No. 4. pp 660-663.

Carper, B. (1978) Fundamental patterns of knowing in nursing. *Advances in Nursing Science*. Vol. 1. No. 1. pp 13-24.

Cotton, A. (2001) Private thoughts in public spheres: issues in reflection and reflective practices in nursing. *Journal of Advanced Nursing*. Vol. 36. No. 4. pp 512-519. doi: 10.1046/j.1365-2648.2001.02003.x.

Coward, C. (2011) Does the use of reflective models restrict critical thinking and therefore learning in nurse education? What have we done? *Nurse Education Today*. Vol. 31. No. 8. pp 883-886. doi: 10.1016/j.nedt.2011.01.012.

Driscoll, J. (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. (2nd edition). Edinburgh: Baillière Tindall Elsevier.

Galvin, K. and Todres, L. (2011) Research based empathic knowledge for nursing: a translational strategy for disseminating phenomenological research findings to provide evidence for caring practice. *International Journal of Nursing Studies*. Vol. 48. No. 4. pp 522-530.

Hannigan, B. and Burnard, P. (2001) Qualitative and quantitative approaches in mental health nursing: moving the debate forward. A response to Rolfe, Parsons, Beech and Clarke. *Journal of Psychiatric and Mental Health Nursing*. Vol. 8. No. 1. pp 90-92.

Heenan, D. (2006) Art as therapy: an effective way of promoting positive mental health? *Disability and Society*. Vol. 21. No. 2. pp 179-191. doi: 10.1080/09687590500498143.

Hilse, C., Griffiths, S. and Corrs, S. (2007) The impact of participating in a poetry workshop. *British Journal of Occupational Therapy*. Vol. 70. No. 10. pp 431-438.

Holloway, I. and Freshwater, D. (2007) *Narrative Research in Nursing*. Edinburgh: Blackwell.

Holmes, J. (2002) Are poetry and psychotherapy too 'wet' for serious psychiatrists? *British Journal of Psychiatry Bulletin*. Vol. 26. No. 4. pp 138-140.

Hoschschild, A. (1983) *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.

Irwin, L. and Johnson, J. (2005) Interviewing young children: explicating our practices and dilemmas. *Qualitative Health Research*. Vol. 15. No. 6. pp 821-831. doi: 10.1177/1049732304273862.

Jelfs, H. (2011) Through the U: a transformational research journey retold. *Reflective Practice: International and Multidisciplinary Perspectives*. Vol. 12. No. 3. pp 401-413. doi:10.1080/14623943.2011.571870.

Johns, C. (2002) *Guided Reflection: Advancing Practice*. Oxford: Blackwell.

Kim, H. (1999) Critical reflective enquiry for knowledge development in nursing practice. *Journal of Advanced Nursing*. Vol. 29. No. 5. pp 1205-1212. doi: 10.1046/j.1365-2648.1999.01005.x.

Lindstrom, L. (2006) Creativity: What is it? Can you assess it? Can it be taught? *International Journal of Art & Design Education*. Vol. 25. No. 1. pp 53-66. doi: 10.1111/j.1476-8070.2006.00468.x.

MacDonald, K. and Goulbourne, A. (2007) *An Evaluation of a Community Youth Befriending Programme for Young People with Cystic Fibrosis and their Carers in Lothian*. Edinburgh: QNIS.

MacDonald, K. and Greggans, A. (2008) Dealing with chaos and complexity: the reality of interviewing children and families in their own homes. *Journal of Clinical Nursing*. Vol. 17. No. 23. pp 3123-3130. doi: 10.1111/j.1365-2702.2008.02495.x.

Mann, K., Gordon, J. and MacLeod, A. (2009) Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Sciences Education*. Vol. 14. No. 4. pp 595-621.

Markham, T. (2002) Private thoughts in public spheres: issues in reflection and reflective practices in nursing. *Journal of Advanced Nursing*. Vol. 38. No. 3. pp 286-287. doi: 10.1046/j.1365-2648.2002.02203.x.

Marshall, S. (2005) The transformative power of learning. *Shift: At the Frontiers of Consciousness*. Vol. 8. pp 10-15.

McAndrew, S. and Roberts, D. (2015) Reflection in nurse education: promoting deeper thinking through the use of painting. *Reflective Practice: International and Multidisciplinary Perspectives*. Vol. 16. No. 2. pp 206-217. doi: 10.1080/14623943.2014.992406.

Nursing and Midwifery Council. (2015) *The Code for Nurses and Midwives*. London: NMC. Retrieved from: tinyurl.com/NMC-standards-code (Last accessed 18th June 2015).

Price, G. (2007) Captured voices in primary school art education. *Waikato Journal of Education*. Vol. 13. pp 221-242.

Schon, D. (1983) *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

Senge, P., Scharmer, C., Jaworski, J. and Flowers, B. (2004). *Presence: Human Purpose and the Field of the Future*. Cambridge, Massachusetts: Nicholas Brearley Publishing.

Taylor, B. (2009) *Reflective Practice: A Guide for Nurses and Midwives*. New South Wales: Allen and Unwin.

Walsh, E. (2008) Emotion work and the ethics of novice insider research. *Journal of Research in Nursing*. Vol. 13. No. 3. pp 262-263. doi: 10.1177/1744987107085120.

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